

# Scene Control and Safety

# Extent of Problem

- Dramatic increases have occurred in violent crimes among persons ages 15 to 34
- 20 youth homicides/day
- One in six violent crime victims requires medical attention

# Before the Call

Preparing for what you *CAN*  
control leaves you free to deal  
with what you *CANNOT* control

# Before the Call

- Occupy waiting time productively
  - Having nothing to do produces boredom or anticipation
  - Boredom is exhausting
  - Anticipation is exhausting
  - Exhaustion can lead to errors at the wrong time

# Before the Call

- Check equipment, vehicle
  - Is everything there?
  - Does it work?
  - Do you know how to use it?

# Before the Call

- Know your response area
  - Look at the map
  - Drive the routes
  - Know changes in traffic patterns with times of day
  - Have resources available for special problem areas (apartment complexes, colleges, industrial sites)

# Before the Call

- Weather awareness
  - Temperature
  - Humidity
  - Are you dressed for the occasion?
  - Are you staying hydrated?

# Before the Call

- Maintain your knowledge base
  - Journals
  - Videotapes
  - Internet



# Before the Call

- Build relationships
  - Law enforcement
  - First responders
  - Fire department
  - Emergency department

**Coordinate procedures, Standardize terminology**

# Before the Call

## Devise an action plan

- How do we warn each other if one of us spots a hazard?
- How do we indicate to each other that one of us believes a scene is becoming unstable or hazardous?
- How do we let dispatch know we're in trouble without letting the bad guys know?
- If we're attacked what kinds of distraction, evasion tactics will we use?
- If we're separated, what is our "rally point?"

# When You Are Dispatched

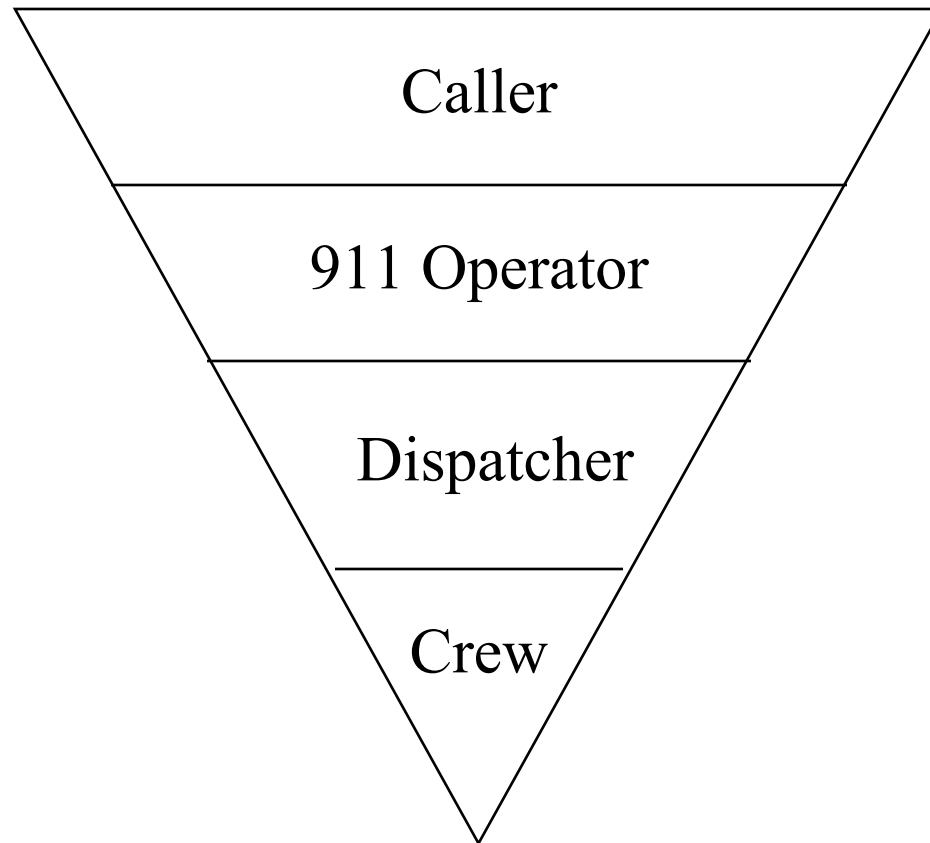
- Have you been there before?
- Reputation of area?
- Sensitive location?

# When You Are Dispatched

Type of call

Dispatch Information = “Ball Park” ONLY

# Information Communicated



# When You Are Dispatched

“Man down, unknown cause”

# When You Are Dispatched

- Stabbing/cutting
  - Usually NOT self-inflicted
  - Where is the weapon?
  - Where is the stabber?

# When You Are Dispatched

- Gunshot wound
  - Not self inflicted
    - Police clear scene FIRST
  - Self-inflicted
    - Where is the weapon?
    - Is it under control?



# When You Are Dispatched

Suicide

Medical vs Trauma?

# When You Are Dispatched

Type of Call

Domestic Violence

# When You Are Dispatched

Your personal condition?

Your partner's?

# Crew Condition

- Fatigue
- Hunger
- Thirst
- Illness
- Preoccupation
- Complacency

# Enroute To Scene

- If advised of danger
  - Do NOT approach until police have secured scene
  - Avoid use of lights, siren

# Arrival On Scene

- Arrive Discreetly
  - Shut down lights, siren a few blocks out
  - Avoid
    - Drawing attention, crowds
    - Upsetting family
    - Disturbing scene

# Arrival On Scene

- Acquire as much info as possible
  - What do you see?
  - What do you NOT see?
  - Are there vulnerable places?
  - Are there places of cover and concealment?

# Cover

Stops Bullets

What are examples of cover?

What parts of ambulance provide  
cover?



# Concealment

Hides you, but does NOT stop  
bullets

What are examples of  
concealment?

Does The Scene Feel Right?

**Avoid Tombstone Courage!**

# Scene Approaches

Maintain element of surprise

Avoid having to react rather than  
being in control

# Scene Approaches

- Limit Noise
  - Remove loose objects from pockets
  - Limit “jingling” equipment
  - Do NOT kick gravel
  - Turn radios down to lowest volume where you can hear

# Scene Approaches

- Limit Light at Night
  - “Paint” scene instead of showing continuous light
  - Hold flashlights away from body
  - Swing light side-to-side
  - In emergency
    - Throw light one way
    - Run other way

# Vehicle Approaches

# Vehicle Approaches

- Danger signs
  - No one in vehicle turns around
  - Everyone gets out of vehicle, starts toward you
  - “Unconscious person” in properly parked vehicle

# Vehicle Approaches

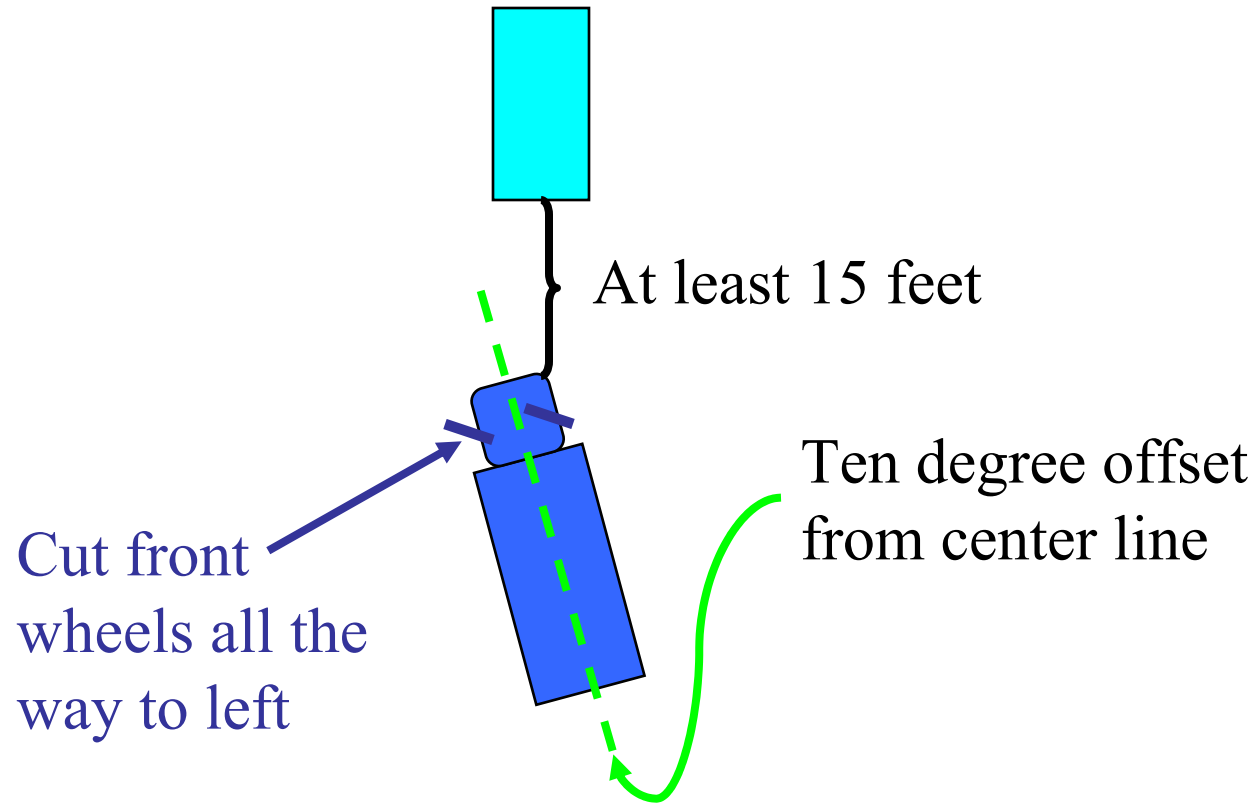
- Danger signs
  - Driver adjusts mirrors
    - to watch you
    - to keep lights out of vehicle
  - Persons in vehicle appear to be grabbing or hiding items



# Vehicle Approaches

- Danger signs
  - Vehicle, occupants are “out of place”
  - Visible signs of violence—arguing, fighting
  - Dimly lighted area
  - Limited access, exit
  - “Gut feeling” something is wrong

# Vehicle Approaches



# Vehicle Approaches



# Vehicle Approaches

Write Down Vehicle License  
Number

Report To Comm Center

# Vehicle Approaches

- Single person approach
- Minimizes risks
- Increases chances to get help if something happens

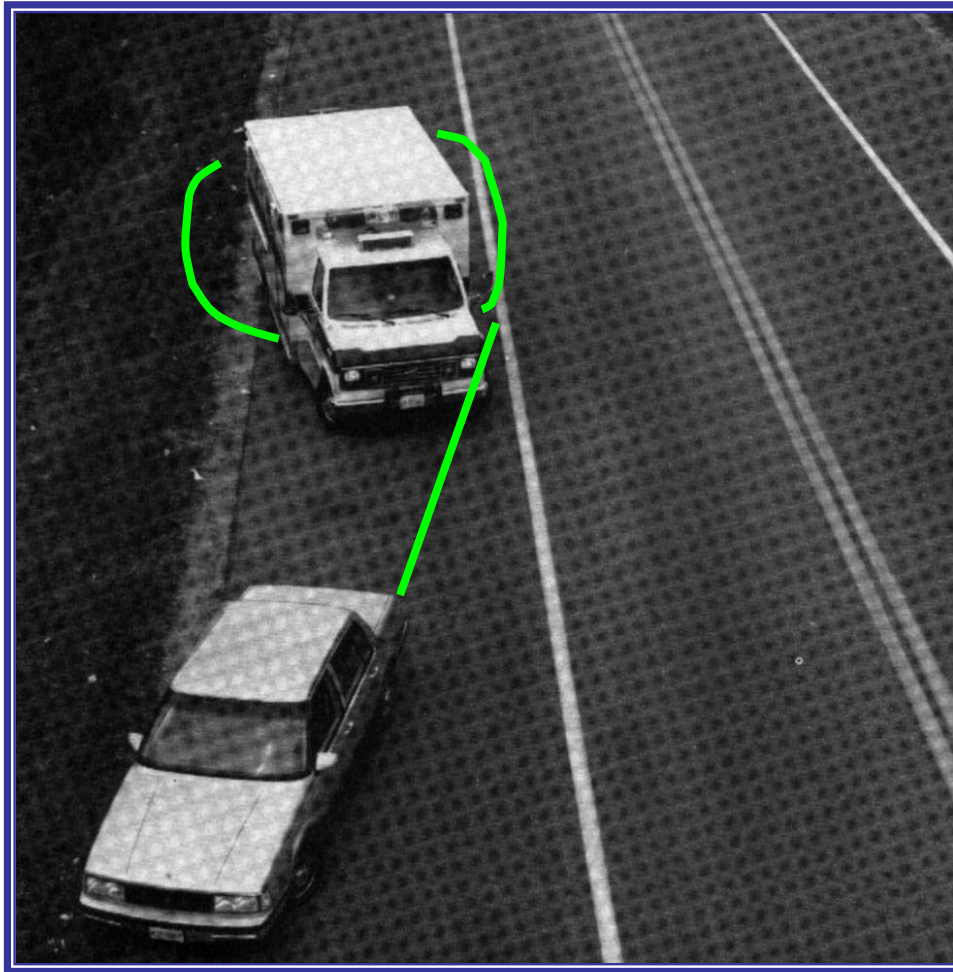
# Vehicle Approaches

- At night
  - Use PA to tell occupants to turn on vehicle interior light
  - Use ambulance lights to illuminate vehicle interior
  - Disable door-activated light switch on ambulance
  - Do NOT cross in front of ambulance

# Vehicle Approaches

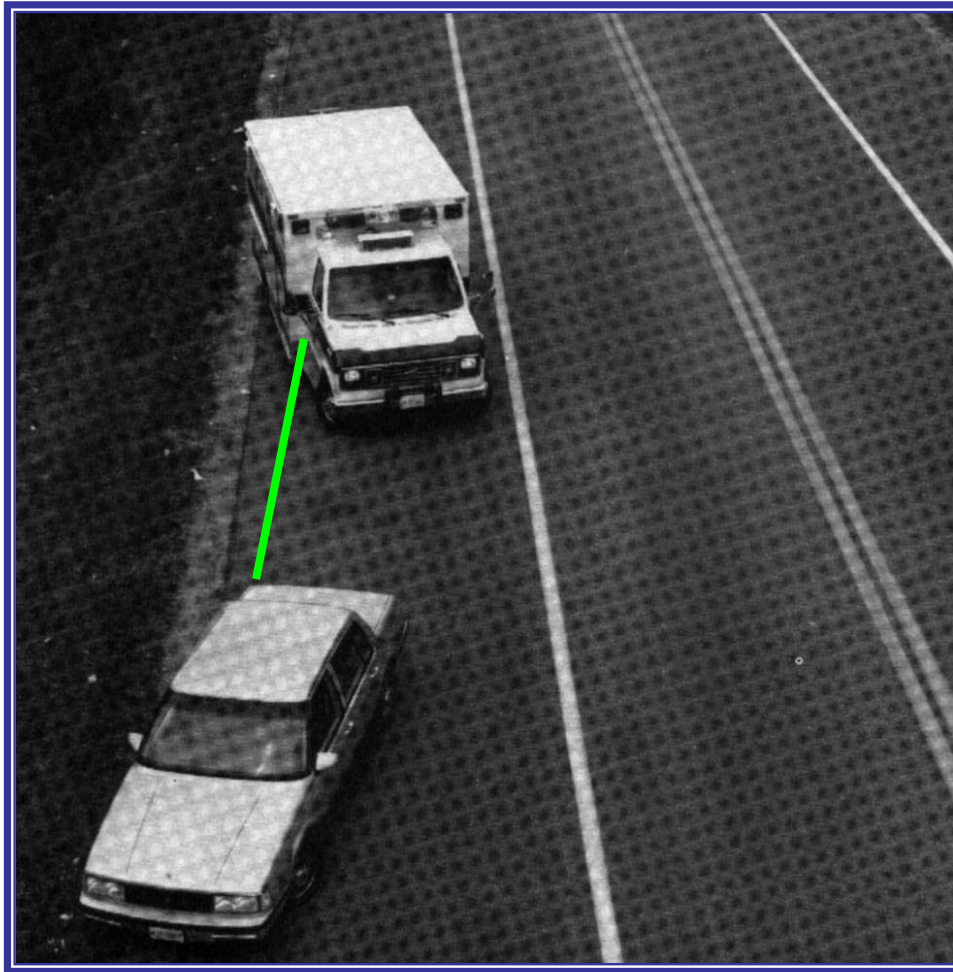


# Vehicle Approaches





# Vehicle Approaches



# Vehicle Approaches

- Check trunk lid
  - If unlocked, push down gently to lock
  - Retreat, call for police
- Stay close to vehicle
- Do not pass C-pillar until back seat checked
- Stay behind B-pillar

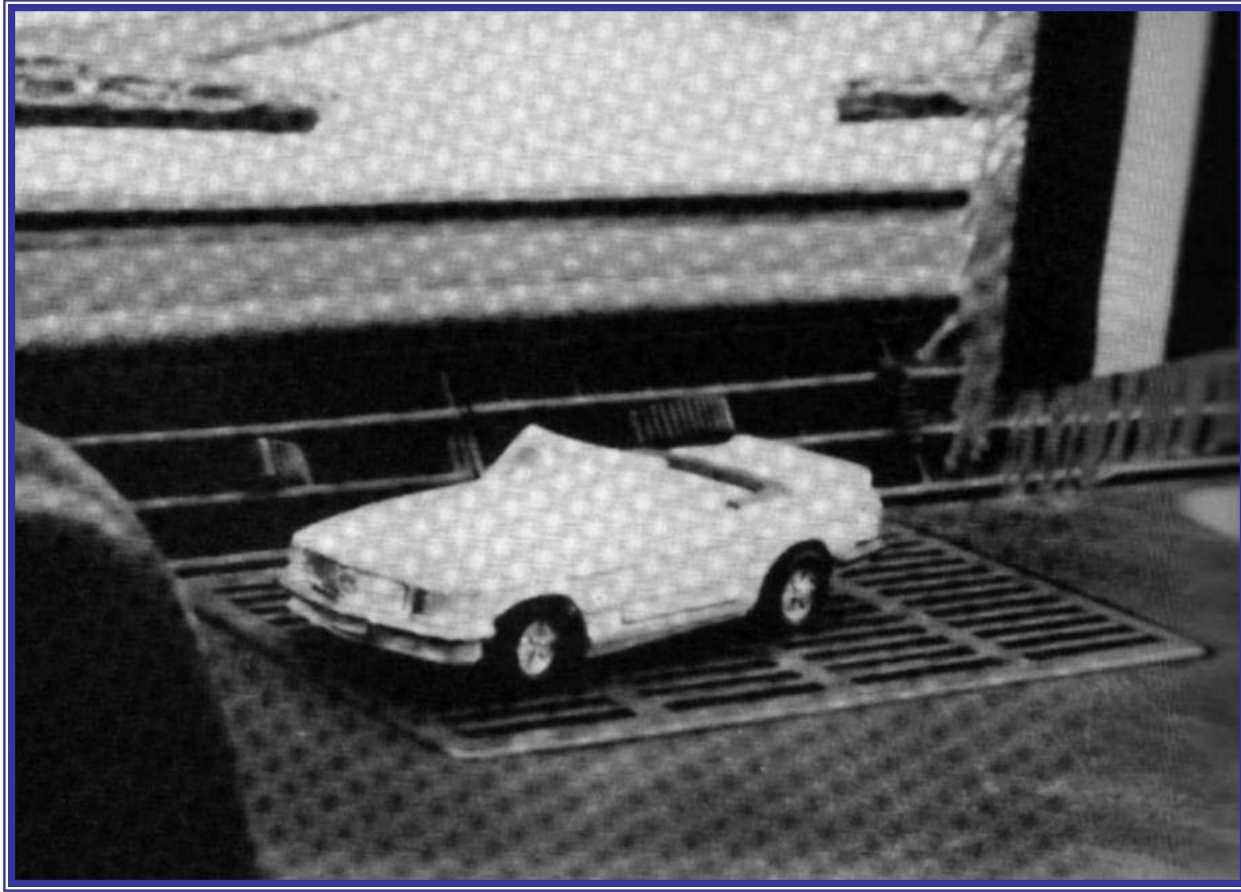
# Vehicle Approaches

- Where are occupant hands?
- What are occupants doing?
- Are any weapons visible?
- Are there physical signs of alcohol or drug abuse?
- Do the occupants have altered mental status?

# Vehicle Approaches

- Danger Locations
  - Sun visor
  - Under either side of seat
  - In glove box
  - In side-door pockets
  - In center console
  - Between bucket seats
  - Next to driver's right thigh

# Vehicle Approaches



# Vehicle Approaches



# Vehicle Approaches

If you do NOT detect a threat, tap lightly on the window, identify yourself.

# Vehicle Approaches

Watch patient hands

If you open door, feel patient's  
radial pulses immediately to take  
control of wrists



# Vehicle Approaches

- Backing Away
  - High-threat weapons
  - Occupants become unruly
  - All occupants exit vehicle, move toward ambulance
  - Area entered is police hot zone
  - Partner incapacitated

# Vehicle Approaches

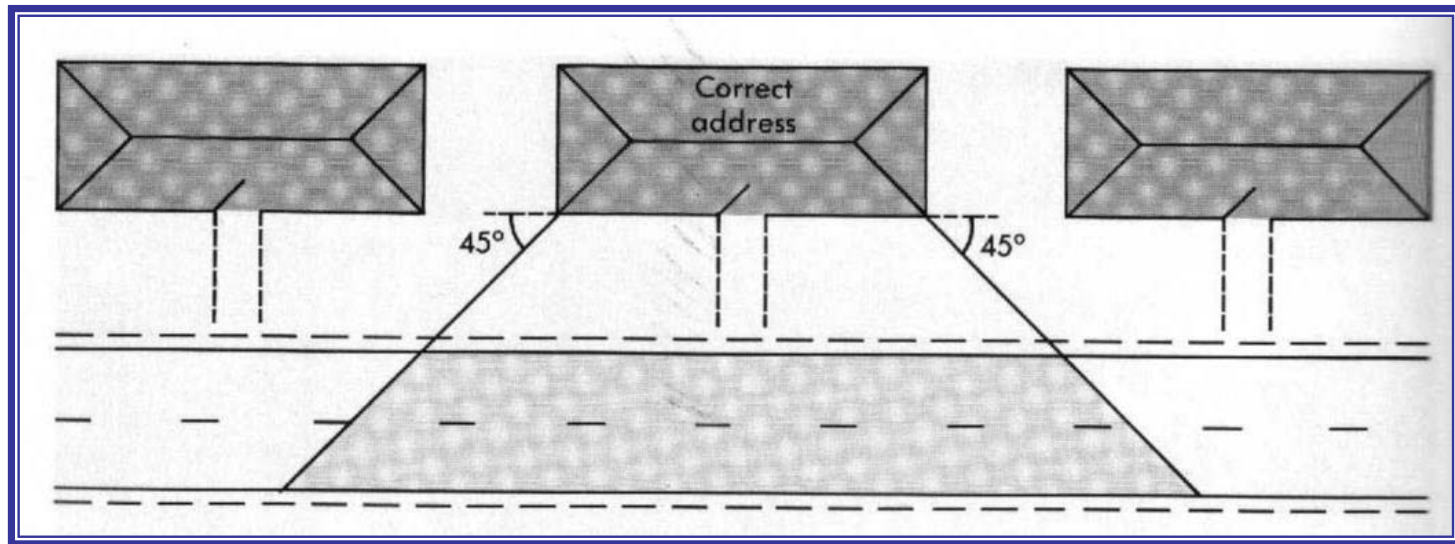
- Backing Away
  - Provides constant view of scene
  - Avoids moving into kill zone as vehicle is passed
  - Makes it more difficult for vehicle occupants to follow

# Structure Approaches

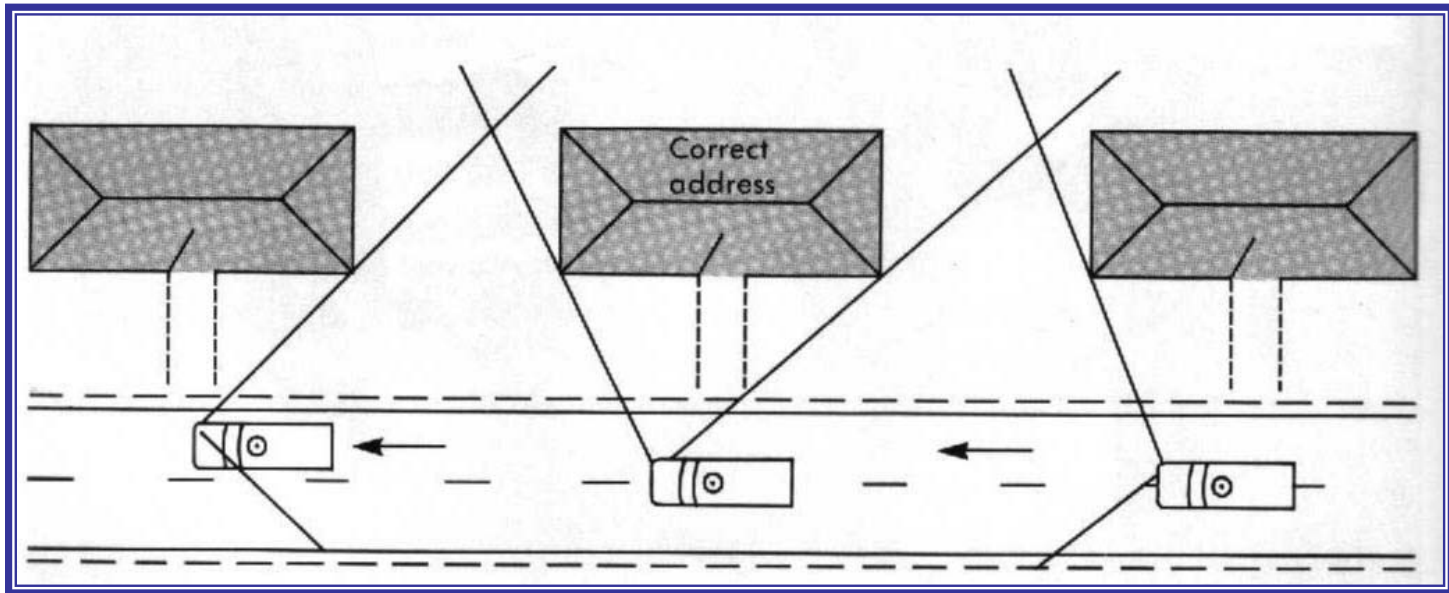
# Structure Approaches

- Drive past scene
- View three sides of structure
- Do NOT park
  - Immediately in front of structure
  - In driveways

# Structure Approaches



# Structure Approaches



# Structure Approaches

- Take unexpected approach
- Cross yard rather than coming up walk

# Structure Approaches

- Evaluate scene as you approach
  - What do you see?
  - What do you hear?



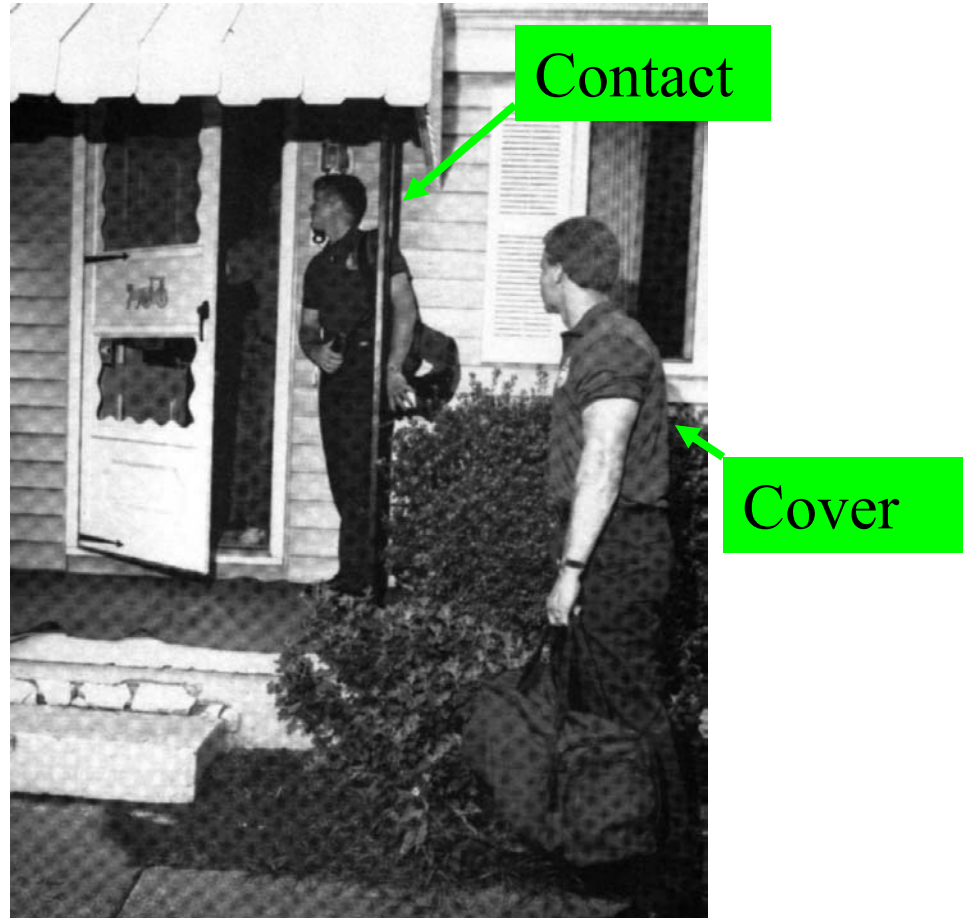
# Structure Approaches

- Do NOT walk next to your partner
  - Spread out
  - Create TWO targets

# Structure Approaches

- Knock
  - Standing on door knob side
  - In line with door frame
- Identify yourself
- Wait for occupant to open door

# Structure Approaches



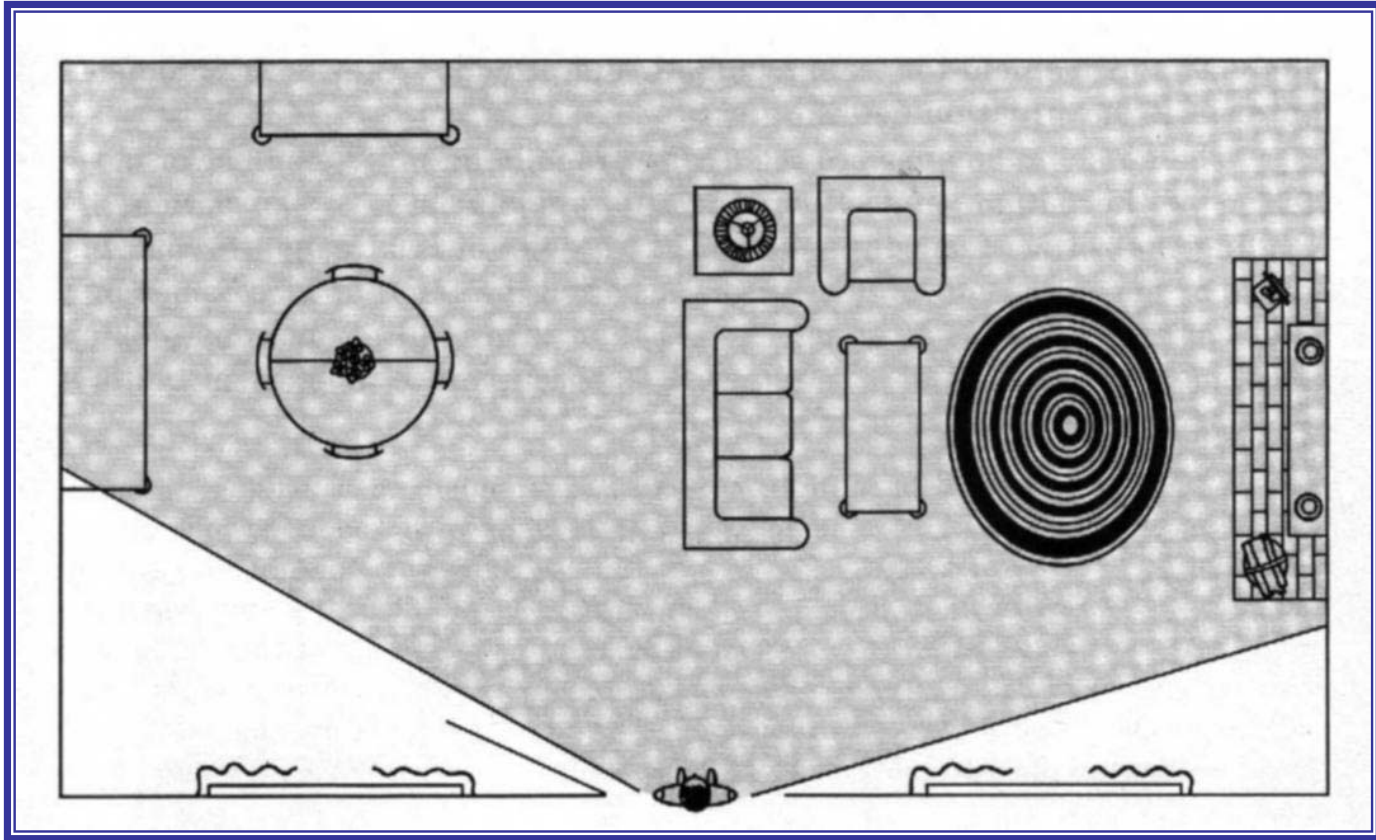
# Structure Approaches

Contact Provider	Cover Provider
Initiates, provides direct patient care	Observes scene for danger
Performs patient assessment	Avoids patient care duties that prevent scene observation
Handles most interpersonal scene contact	Performs limited functions such as handling equipment

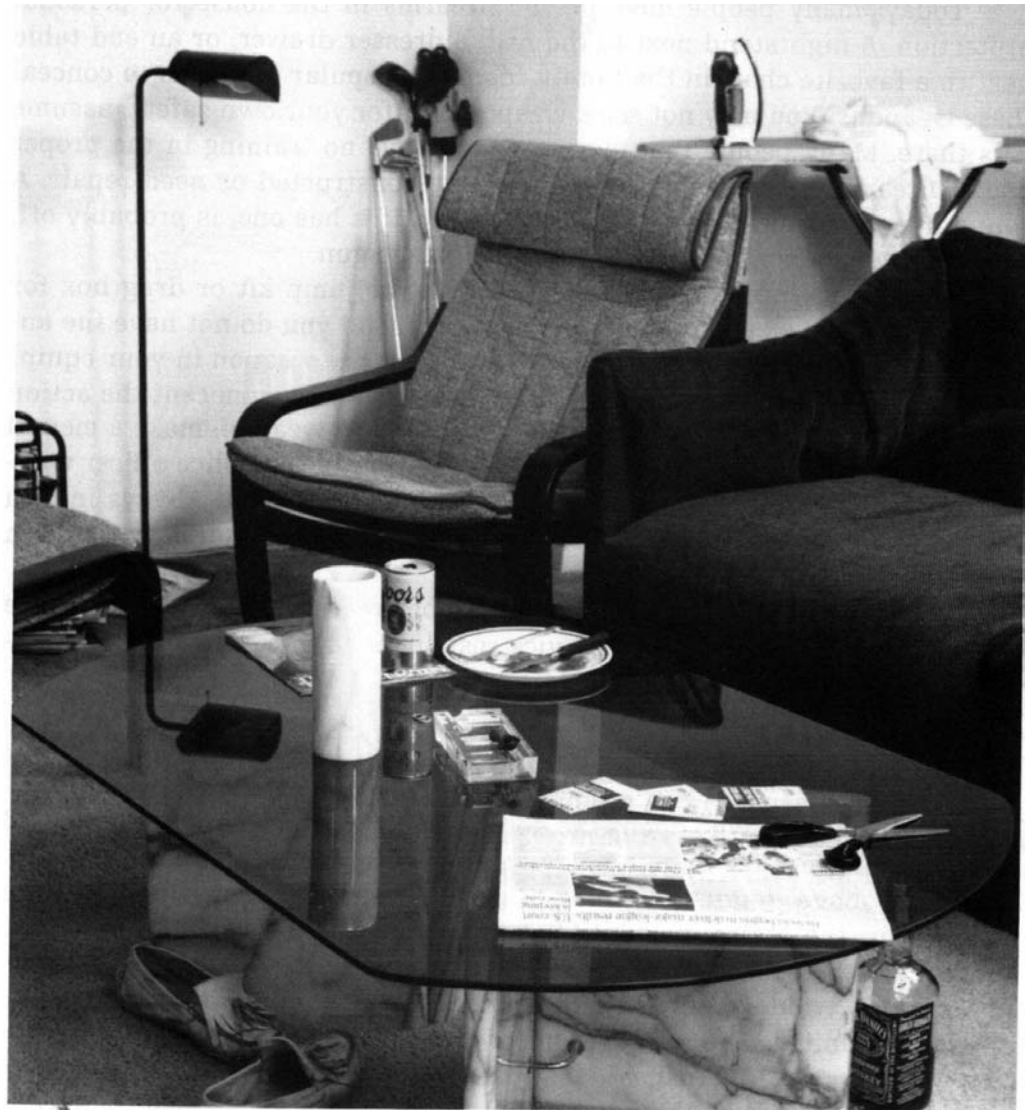
# Structure Approaches

- Enter quickly
- Do NOT pause in doorway
- Check behind door
- Quickly scan entire room

# Structure Approaches



Are  
weapons  
present?



# Are Drugs Involved?

- History of location, neighborhood?
- Appearance of patients, bystanders?
- Comments made by bystanders?
- Drug paraphernalia on scene?



# Structure Approaches

Have occupant show you to the  
patient

# Dealing with Patients/Bystanders

- Self Control = Scene Control
  - People copy emotions
  - Keep your voice down
  - Control your voice tone
  - Know your temper level and your partner's
  - Never run on an emergency scene

# Dealing with Patients/Bystanders

NEVER LET 'EM SEE YOU  
SWEAT!

# Dealing with Patients/Bystanders

- Clear Scene
  - Quick sweep of inside of house
  - Turn on lights in ALL rooms
  - Know who else is on scene
  - Keep people in your line of sight
  - Know who people are; why they are there

# Dealing with Patients/Bystanders

- Be conscious of your surroundings
  - Look for potential weapons
  - Watch people's hands
  - Do NOT get caught with your head down
  - Move as a team
  - Watch your partner's back

# Dealing with Patients/Bystanders

- Reduce distractions
  - Ask people to turn off radios/TVs
  - Adjust light levels
  - Move furniture
  - Move patient
  - Choreograph equipment placement

# Dealing with Patients/Bystanders

- Treat people with respect
  - When in doubt, be a little bit formal
  - Use family, friends, bystanders in team effort

# Dealing with Patients/Bystanders

- Control helper entry, flow
- Too many uniforms can cause problems
- Warn patients/bystanders that other units are enroute
- Personnel on other units should act like they do when they are first to arrive
  - Knock, wait to be admitted
  - Appropriate introductions



# Dealing with Patients/Bystanders

- Use head to toe survey to check for weapons
  - Have code to let partner know you've found something
  - Where there is one weapon there ALWAYS is another
  - If you cannot remove weapon, immobilize patient
  - Your own equipment can be used as weapons against you

# Dealing with Patients/Bystanders

- Distraction/Evasion Tactics
  - Throwing equipment
  - Wedging stretcher in doorway
  - Using unconventional path for retreat
  - Overturning objects in aggressor path
  - Using preplanned maneuvers in coordination with your partner

# Dealing with Patients/Bystanders

- Signs of Danger
  - Shouts, increasingly loud voices
  - Pushing, shoving
  - Hostility toward anyone on scene
  - Rapid increase in crowd size
  - Inability of police to control bystanders

Never let anyone get between  
you and the way out!!

Do NOT get backed into a  
corner!!

# If scene become too hot to handle:

- Quickly package patient and go!
- If the patient won't go with you, go anyway!
- Thoroughly document what happened

# Leaving the Scene

**NEVER LET YOUR GUARD  
DOWN!**

# Keys To Scene Control

# Keys To Scene Control

Panic doesn't help anything



# Keys To Scene Control

It's the patient's emergency, not  
yours

# Keys To Scene Control

You didn't cause the problem

You're trying to help after the fact

# Keys To Scene Control

Confusion and anxiety seldom  
exist in familiar situations

Study--Practice--Know the Rules

# Keys To Scene Control

The more automatic your  
responses are...

The less likely you are to miss or  
mishandle something

# Keys To Scene Control

Everybody has to die sooner or  
later from something

# Keys To Scene Control

In a crisis the challenge is NOT to  
be innovative

The challenge is to be disciplined  
enough to FOLLOW THE RULES

# Keys To Scene Control

During any emergency response,  
what could have happened,  
DID